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The case for social support in social marketing

Social support
in social
marketing

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Abstract

Purpose – This paper aims to reinforce the arguments for applying the social support concept in social marketing.

Design/methodology/approach – This paper aims to conceptually outline the potential positive contribution of social support for social marketing practice as a tool to induce behavior change.

Findings – This paper focuses on the philosophical principle of social exchange, highlights the consumer-centered perspective of social marketing, which implies the natural evaluation of the social networks of influence and support and presents social support as a mechanism to induce long-term behavior change.

Research limitations/implications – No empirical (qualitative or quantitative) investigations were used to test the application of the concept in practical interventions.

Practical implications – This paper provides significant insights for intervention developers that can be used to program and theoretically justify future social marketing interventions applying the social support concept.

Social implications – Empirical research concluded for a positive relation between social support and human health and well-being. Thus, increasing the use of the concept in social marketing can serve to attain these social goals.

Originality/value – The concept of social support has gained considerable interest in the areas of behavioral medicine and health psychology. Despite such interest, it is still not clear how it can be approached in social marketing as there is a lack of conceptual literature discussing social support from a social marketing perspective, the number of social marketing interventions operationalizing the concept is limited and, till date, no research has focused in comprehensively establishing a theoretical rationale to operationalize the concept in social marketing.

Keywords Social marketing, Social support, Behavior change

Paper type Research paper

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1. Introduction

Outside the domain of social marketing, a mechanism that has been extensively used in the health area consists in enhancing the social support networks of individuals (Baptista, Alves, & Pinho, 2020a). The overwhelming evidence about the positive impact of social support on individuals' physical, emotional, and social well-being (Pan, Feng, & Skye Wingate, 2018) has fueled the development of many public health interventions designed to improve social support (Uchino, 2009; Baptista et al., 2020a).

Social marketing literature exploring social support is very limited. Albrecht (1995) proposed that social marketers, when promoting health services, should take in consideration the capacity of social support to reduce the recipients' uncertainty under stressful conditions and the increased sense of personal control. This paper reinforces Albrecht's (1995) arguments, highlighting the utility of social support as a mechanism to attain long-term behavior change in social marketing.

Although several mechanisms have been suggested for social marketing to be effective, there is some level of agreement in the literature that three main elements are central to social marketing, namely, the principle of exchange, a consumer-centered perspective; and a long-term focus (Glenane-Antoniadis, Whitwell, Bell, & Menguc, 2003). This paper analyzes each of these key principles that constitute the basis of the authors' argument for promoting social support within social marketing.

The paper proceeds as follows. After this brief introduction, the concept of social support is presented, followed by a narrative review of social marketing literature. The argument for social support in social marketing is then presented, focusing on the three core issues of social exchange, consumer-centered perspective and long-term focus.

2. Concept of social support

Despite being Caplan (1974) who first introduced the notion of social support, the scientific interest in social support was triggered largely from independent research by two physician epidemiologists, presented in the same year of 1976: John Cassel and Sidney Cobb (Barrera, 1986; House, Landis, & Umberson, 1988; House, Umberson, & Landis, 1988; Uchino, Cacioppo, & Kiecolt-Glaser, 1996; Berkman, 2000; Sarason and Sarason, 2009). Curiously, Cassel's (1976) and Cobb's (1976) methods and findings were very similar. Both authors reviewed extant empirical evidence and concluded about the importance of social relationships and support to the maintenance and promotion of good health. Cassel (1976) and Cobb (1976) found that people with more limited or negative social relationships appeared to get health problems more frequently than those with vaster and more abiding relationships (Baptista et al., 2020a). The authors advanced several possible reasons for this link, but they both emphasized the role of social relationships in buffering the negative health consequences of psychosocial stress (Baptista et al., 2020a). Cassel focused on the physiological processes mediating the effects of social relationships in health outcomes. Drawing from numerous animal and human studies, Cassel theorized social conditions relevant to health from a functionalist perspective, assigning one category to the factors that promote health, and other to the elements that produce disease. In the first category, Cassel included social support, as a factor that protects people from the physiologic or psychological consequences of stress exposure. Cobb on the other side, applied a communication perspective and synthesized evidence showing supportive communication to be protective against the health consequences of various life stresses, conceiving social support as "information leading the subject to

believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations" (1976, p. 1).

Cassel's and Cobb's studies were fundamental in stimulating new research on the impact of social support on all aspects of health (House et al., 1988) and while the concept of social support started to be extensively studied in the years that followed, there was little agreement among researchers as to its theoretical definition and, as a result, the concept was initially vague, with anything that inferred a social interaction or relationship being classified as indicative of social support (Hupcey, 1998; Baptista et al., 2020a). Discussions about the conceptual problems of social support have been provided by several academics, most notably Thoits (1982), Bruhn and Philips (1984); Barrera (1986), Hupcey (1998), and more recently, Williams Barclay and Schmied (2004) and Sarason and Sarason (2009). On the whole, these authors consider social support as a multi-faceted concept that cannot be defined by a few attributes (Baptista et al., 2020a). Rather, it is the process as a whole that differentiates social support from similar concepts and constructs such as caring, social integration, social participation, social ties, social anchorage, social control, social influence, social modeling, social norms or social identity (House, 1987; Due, Holstein, Lund, Modvig, & Avlund, 1999; Berkman, Glass, Brissette, & Seeman, 2000; Finfgeld-Connett, 2005; Baptista et al., 2020a). Further problems identified by the previously mentioned authors include the lack of a conceptual definition of social support, a certain bias in the literature favoring the stress buffering explanation for the effects of social support in health, as opposed to direct effects, and difficulties in social support measurement (Williams et al., 2004; Sarason and Sarason, 2009).

While a substantial body of work on the concept of social support has resulted in a large number of definitions, used across disciplines and research fields, three basic dimensions of social support are often identified in the literature as follows:

- social embeddedness, referring to the network relations that individuals develop, and that allow support flow;
- enacted support, or supporting behavior, meaning the actual supportive actions that individuals perform; and
- perceived social support, consisting in the subjective perceptions or evaluations of the support that is given or accessible (Barrera, 1986; Vaux, 1988; Hupcey, 1998; Baptista et al., 2020a).

Since the 1980s, researchers have moved away from considering social support a unitary concept, and attempted to increase the specificity of the term by identifying its core components (Wortman, 1984; Baptista, Pinho, & Alves, 2020b). Various taxonomies of social support have been proposed, with considerable similarity among the various typologies. Considering the multidimensional nature of the concept, and drawing from previous frameworks, Cutrona and Suhr (1992) proposed a social support behavior code that models social support into five basic dimensions. Informational support offers facts, advice, guidance or feedback, whereas emotional support consists in expressions of affection, concern, empathy or sympathy. Esteem support shows a positive regard for the recipient's skills, abilities and intrinsic value. Network support consists of promoting a sense of membership or belonging and tangible support is conceived as providing goods and services to the recipient.

As noted by Baptista et al. (2020a), since the introduction of the concept in health studies, several other disciplines have found value in better understanding the effects of social support in human well-being, including, for example, psychology (Chay, 1993; Tetrick,

Slack, Da Silva, & Sinclair, 2000), sociology (Wellman & Wortley, 1990; Turner & Marino, 1994), education (Wall, Covell, & MacIntyre, 1999; Wilcox, Winn, & Fyvie-Gauld, 2005) and social work (Letourneau, Stewart, & Barnfather, 2004; Msengi, Arthur-Okor, Killion, & Schoer, 2015). Nonetheless, the main interest in social support is motivated by its relationship to physical and mental health (House, 1987; Hobfoll, Freedy, Lane, & Geller, 1990), hence the concept has gain considerable traction in health psychology and behavioral medicine (DiMatteo, 2004). Several reviews of empirical research concluded for a positive relation between social support and human health and well-being (Hogan, Linden, & Najarian, 2002; Uchino, 2006; Mazzoni & Cicognani, 2011; Taylor, 2011; Nurullah, 2012; Paterson, Jones, Rattray, & Lauder, 2013; Silva & Loureiro, 2014; Barton, Effing, & Cafarella, 2015; Gariépy, Honkaniemi, & Quesnel-Vallée, 2016; Brunelli, Murphy, & Athanasou, 2017; Smith, Banting, Eime, O'Sullivan, & van Uffelen, 2017; Ali, Kokorelias, MacDermid, & Kloseck, 2018; Teoh & Hilmert, 2018; Wang, Mann, Lloyd-Evans, Ma, & Johnson, 2018). Documented positive health outcomes of social support include psychological adjustment, improved adherence and increased efficacy of treatments, better coping with illness uncertainty, reduced stress and depressive symptoms, increased resistance and recovery to disease, improved immune function, mitigation of the risks of suicide and reduced mortality (Cassel, 1976; Cobb, 1976; Barrera, 1986; Thoits, 1986; Heitzmann & Kaplan, 1988; Mattson & Hall, 2011; Nolan, Hendricks, Ferguson, & Towell, 2017; Li, He, Wang, & Wang, 2019; Spence, March, & Donovan, 2019; Schrock, Snodgrass, & Sugiyama, 2020; Baptista et al., 2020a).

The theoretical background explaining the positive effects of social support in health consists in two basic theories: the relational regulation theory and the stress and coping theory. In 1985 Cohen and Wills established a distinction between social support main effects and stress buffering effects in health, and this distinction has since played an essential role in shaping research and theory (Lakey & Orehek, 2011). The stress and coping theory explores social support as a response tool for dampening or protect against stress (Cohen & Wills, 1985; Barrera, 1986; Thoits, 1986). The relational regulation theory reports a main-effect model, in which social support is considered to improve health, irrespective of whether people are under stress, through relational influences, relationship stability or socially rewarded roles (Lakey & Orehek, 2011). The stress and coping theory, also referred to as the “stress-buffering” model, has been thoroughly developed and become dominant in social support research (Barrera, 1986; Lakey & Orehek, 2011; Baptista et al., 2020a). Social support theorists such as Cassel (1976) and Cobb (1976) were particularly concerned with the role of social support in the prevention of disease. They suggested that social support facilitates coping and adaptation by acting as a moderator of the pathogenic influence of stressful events. Social support is said to play a role at two different stages of the causal chain relating stress to illness: first, the perception that others will provide support redefines the potential for harm posed by a stressful situation and increases one’s self-confidence to cope with imposed demands, preventing an event from being appraised as stressful; second, social support intervenes between the experience of stress and the onset of the pathological outcome by providing a solution to the problem or by reducing the perceived relevance of the event (Cohen & Wills, 1985).

Despite existing theories, the precise psychobiological pathways by which social support leads to health benefits and the factors that moderate and mediate this relationship are still not completely understood (DiMatteo, 2004; Gale, Kenyon, MacArthur, Jolly, & Hope, 2018; Szkody & McKinney, 2019; Baptista et al., 2020b; Wilson, Weiss, & Shook, 2020). To solve this gap research has mostly focused on the effects of social support in cardiovascular response to stress (Teoh & Hilmert, 2018),

effects of social support in the neural system (Ditzen & Heinrichs, 2014; Eisenberger, Taylor, Gable, Hilmert & Lieberman, 2007; Morese, Lamm, Bosco, Valentini, & Silani, 2019) and immunologic responses (Pressman et al., 2005; Schrock et al., 2020). Research suggests these systems influence each other as they all share central nervous system mechanisms as their basis and regulator (Ditzen & Heinrichs, 2014).

3. Social marketing

Drawing on its parent discipline of commercial marketing, which largely drew on economics and psychology, social marketing has become an important research field and evolved over the years into a discipline in its own right (Buyucek, Kubacki, Rundle-Thiele, & Pang, 2016). The salient characteristic of social marketing is that it takes learning from commercial marketing and applies it to the resolution of social problems (Stead, Gordon, Angus, & McDermott, 2007). Andreasen (1994) defined the scope of social marketing by proposing the following definition: “Social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of society” (p. 110). Two key attributes in this definition shaped the current understanding of social marketing. First, Andreasen observed that social marketing should influence not only “social ideas” but also attitudes and behaviors and introduced the notion of voluntary behavior change, implying that social marketing is not about coercion or enforcement; second, there is the implied principle that, contrary to commercial marketing, social marketing is not intended to benefit the organization that promotes the marketing actions, but rather to benefit individuals’ welfare or promote societal good (Baptista et al., 2020a). Furthermore, the emphasis on society as well as on the individual, implies another fundamental aspect about social marketing: it can apply not only to the behavior of individuals but also to that of professionals, organizations and policymakers, meaning the contextual actors that can influence individuals’ behavior change (Gordon, McDermott, Martine, & Angus, 2006; Baptista, Pinho, & Alves, 2021).

Traditional downstream social marketing focuses on the micro-level and places the responsibility for change in the individual (Russell-Bennett, Wood, & Previte, 2013). Midstream social marketing refers to community-based interventions, focused at the meso level and involving collaborations with community actors (people and organizations) and personal networks such as family and friends as means to achieve change (Luca, Hibbert, & McDonald, 2016). Upstream social marketing focuses on the macro system, by concentrating efforts on decision-making groups or individuals who have an influence over a target audience such as governments, politicians, regulators and other decision-makers (Cherrier & Gurrieri, 2014). The turn from traditional downstream and micro-marketing approaches toward ecological perspectives, which account for change at the micro, meso and macro level has been pivotal in social marketing development (Cherrier & Gurrieri, 2014; Baptista et al., 2020a). The call for more ecological approaches is present in critical social marketing, which has been defined by Gordon (2011, p. 89) as “critical research from a marketing perspective on the impact commercial marketing has upon society, to build the evidence base, inform upstream efforts such as advocacy, policy and regulation, and inform the development of downstream social marketing interventions.” The objective of critical social marketing is not simply to promote a critical analysis of social marketing but to change the discipline to become more reflexive, inclusive, transtheoretical and multidisciplinary in its approach to behavior and social change.

Many issues that afflict human societies, such as poverty, unsustainable food systems, have a complex nature that is not compatible with traditional social marketing approaches (Carvalho & Mazzon, 2019). Recent appeals of social marketing to address complex social problems and sustainable change in face of complex and wicked societal ills emphasize the importance of adopting a macro system-thinking perspective and facilitate supportive joint actions by a variety of stakeholders across and between sectors, communities and social networks (Brennan, Previte, & Fry, 2016; Domegan et al., 2016; Kennedy, Kapitan, Bajaj, Bakonyi, & Sands, 2017; Carvalho & Mazzon, 2019; Truong, Saunders, & Dong, 2019). For example, Brennan et al. (2016) argue for the value of a relational logic perspective to attain social change and the importance of collaboration and social support relations across a network of actors to overcome barriers and identify solutions to social problems, classifying social support for affected community members as a “strategic toolkit” when applying a systems approach to societal change. Discussing social change coalitions, Gurrieri, Gordon, Barraket, Joyce, and Green (2018) highlight the importance of supportive relations and the need to create common unity through emotional investment and returns. Furthermore, for addressing grand challenges social marketing scholars argue for the need to acknowledge socio-cultural factors to a significant level, to adopt a cultural market orientation and to consider the cultural perspective of behavior change, including group influences, traditions and accepted narratives in supportive networks (Brennan et al., 2016; Gordon, Russell-Bennett, & Lefebvre, 2016; Martín-Santana, Cabrera-Suárez, & Déniz-Déniz, 2020).

Despite the several definitions of social marketing offered in seminal literature, one difficulty was defining what constitutes a social marketing program (Stead, Mcdermott, Gordon, Angus, & Hastings, 2006; Firestone, Rowe, Modi, & Sievers, 2017) and what elements could potentially improve the impact of an intervention (French & Blair-Stevens, 2005). Considering this difficulty, and to establish a distinction between social marketing and alternative social approaches, such as social advertising, social media marketing, social policy or education (Russell-Bennett, Fisk, Rosenbaum, & Zainuddin, 2019), Andreassen (2002) proposed a scheme of six social marketing benchmarks that provides a basic structure for social marketing interventions. The six benchmark criteria proposed by this author include behavioral change, formative research, segmentation, the use of the marketing mix, the principle of exchange and competition. Alternative frameworks of social marketing benchmarks were proposed by other authors, including French and Blair-Stevens (2005). A relevant criteria not included in Andreassen’s (2002) benchmark scheme and contained in French and Blair-Stevens’s (2005) framework is the use of theory to understand behavior and inform social marketing interventions. Theory can help social marketing developers to understand the social system that influence behavior change, to better interpret relationships between different factors that affect behavior change, to improve the efficacy of social marketing interventions and to make predictions and generalizations for similar events by tracing the pathways by which social marketing achieves behavior change outcomes (Luca & Suggs, 2013; Manikam & Russell-Bennett, 2016; Luecking et al., 2017; Firestone et al., 2017; Basil, 2019; Baptista et al., 2020a). The focus on a multilevel approach and the importance of theory to sustain social marketing practice is present in current definitions of social marketing. For example, in October 2013, the International Social Marketing Association (ISMA), the European Social Marketing Association (ESMA) and the Australian Association of Social Marketing

(AASM) (ISMA, ESMA, & AASM, 2013) endorsed a comprehensive definition of social marketing, which states that:

Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good. Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable (p. 1).

The principle of exchange has been identified by authors such as [Andreasen \(2002\)](#) as a suitable framework for conceptualizing social marketing, notwithstanding, some authors resist to accept exchange as relevant, arguing that the social issues social marketing seeks to address make exchange difficult to occur and the reciprocal nature or balanced mutual benefit underpinning the logic of exchange is not always evident ([Duane, Domegan, McHugh, & Devaney, 2016](#)).

While social support is under-investigated in social marketing, in the close field of transformative service research (TSR) the concept of social support has been intensively explored in the study of vulnerable consumers, with interesting results. TSR is an emerging field of service marketing research that is focused on the relationships between services and consumer well-being to relieve or minorize forms of consumer suffering. The term “transformative service research” was first used by [Rosenbaum \(2006\)](#) in a study of the role of third places (places such as diners, coffee shops and taverns) in providing support to consumers. In this study, Rosenbaum explored how third places can serve to satisfy not only consumption needs but also consumer needs for social support, and concluded for a positive relationship between received social support and loyalty to these commercial places. Under a TSR framework, and studying two online communities for people with Parkinson’s disease and motor neuron disease, [Loane, Webster, and D’Alessandro \(2015\)](#) demonstrated that members experience the co-creation of different types of consumer value through the exchange of social support in these consumer-dominated online environments. More recently and also studying an online support group for weight management, [Parkinson, Schuster, Mulcahy, and Taiminen \(2017\)](#) showed how vulnerable consumers experience transformative services which are consumer-dominant to overcome their vulnerability, by creating safe third places, to receive social support and concluded that transformative services have the capacity to optimize their services to enable vulnerable consumers to co-create social support.

4. Framing social support within social marketing

4.1 Principle of social exchange

The social exchange-based view of human behavior was introduced by authors such as [Thibaut and Kelley \(1959\)](#), [Homans \(1958\)](#); and [Blau \(1964\)](#) in the fields of psychology and sociology. According to social exchange theory, people’s actions result from subjective cost–benefit analysis and the comparison of alternatives, thus social marketers must provide strong incentives by emphasizing how the benefits of their offerings outweigh the respective costs ([Luca & Suggs, 2013](#); [Baptista et al., 2020a](#)). The exchange element of social marketing is considered a key component in social marketing interventions and is one of [Andreasen’s \(2002\)](#) benchmarks.

Social marketing interventions consider what will motivate the target individuals to engage voluntarily in behavior change and offers them something beneficial in return

(Duane et al., 2016). Social exchange involves actions that are contingent on rewarding reactions from others. The content of social exchange can be utilitarian (e.g. tangible, network or informational types of social support) or symbolic (e.g. emotional and esteem social support) or mixed (involving a combination of both utilitarian and symbolic). Traditionally, the content of exchange under a social marketing framework has tended to be utilitarian, with social marketers mostly focusing their efforts on marketing tangible offers, for example, food and medicine (Andreasen, 2002) and in restricted types of exchanges, involving two party direct relationships (Duane et al., 2016), were the intervention promoter offers tangible assistance to the targeted individuals. However, as the discipline evolved, the content of exchange has become more symbolic as its application has broadened to wider social causes (Glenane-Antoniadis et al., 2003) and restricted exchanges has since been criticized for neglecting to examine the broader structural, behavioral and exchange contexts (Duane et al., 2016). Generalized exchanges involve a system of mutual relationships between three or more actors, whereas complex exchanges involve mutual relationships between at least three actors but are reciprocal and have an extended timeframe, unlike generalized exchanges (Glenane-Antoniadis et al., 2003). According to Duane et al. (2016) when social marketing wants to induce social change, the problematic nature of exchange becomes more salient because the social marketer is faced, not with a singular exchange but with coordinating numerous exchanges, that is, one web of complex exchanges.

Social marketing is in a good position to conceptually interpret and explore the interdependent and reciprocal nature of social support. Similarly to social marketing, exchange models also provide methods for addressing the interdependency of relationships involved in social support exchanges (Shumaker & Brownell, 1984; Baptista et al., 2020a). Social support is basically an exchange of resources between individuals (Gottlieb & Bergen, 2010) and there are potential costs and benefits associated with the exchange for the participants (Baptista et al., 2020a). The benefits may include enhanced coping, self-efficacy, improved decision-making and reduced stress (Mattson & Hall, 2011). The costs of social support may assume the form of time and effort (spent in support interactions), inadequate or misguided information, unwanted control and attention, social aggression, reduced self-efficacy and stress (Taylor, 2011; Gale et al., 2018; Reijnders, Schalk, & Steen, 2018; Gray et al., 2019; Palant & Himmel, 2019; Zee & Kumashiro, 2019; Baptista et al., 2021).

According to Baptista et al. (2021) the norm of generalized reciprocity, involves the intention to provide social support without a calculation of immediate value or dyad repayment, and can be motivated by altruistic reasons, a desire to help others and see the community flourish or based on the hope that support exchanges will eventually be reciprocal, in the long run, or that payback is in a different currency such as network status, honor or others' approval (Baker & Bulkley, 2014). Reciprocity refers to a form of conditional gains in which people's present actions are expected to generate future benefits (Hung, Durcikova, Lai, & Lin, 2011) contributing to present well-being by anticipating future positive rewards (Baptista et al., 2021). According to Mathwick, Wiertz, & De Ruyter (2008), the expectation of long-term repayment imposes an informal social control system that obviates the need for more formal, institutionalized hierarchical control, resulting in a highly efficient social system that requires less formal control. This stability of the social system facilitates the accumulation of trust and further fosters social support provision (Baptista et al., 2021).

4.2 Consumer-centered perspective of social marketing

An additional element in making the case for this social support in social marketing rests in the consumer-centered perspective of social marketing. As in mainstream marketing, customer orientation is fundamental for social marketing (Glenane-Antoniadis et al., 2003). For Grier and Bryant (2005), social marketing is a consumer-centered, research-driven approach to promote voluntary behavior change in a priority population, meaning that peoples' needs, values and preferences are evaluated and pondered before a certain behavior change strategy is selected, planned and implemented (Baptista et al., 2020a). This approach makes social marketing more competitively minded and audience centered than alternative social intervention approaches, whose projects are usually designed based on political as well as expert assessments of risk and solutions, minimizing the importance of consumer insights (French & Apfel, 2014). Essential to the social marketing process of consumer research is the harnessing of deep, meaningful insight of consumers' behaviors, roles and networks of influences in order to develop a deep understanding of the social issues under investigation (Brennan, Fry, & Previte, 2015). In practice, the evaluation of existing networks of personal and supportive relationships is a natural process of social marketing that comes with its consumer centered approach (Baptista et al., 2020a).

Traditional downstream social marketing focuses attention on the individual to understand how behaviors can be modified to achieve the desired change, placing the responsibility for change in the individual (Russell-Bennett et al., 2013; Brennan, Binney, Parker, Aleti, & Nguyen, 2014). The downstream approach still dominates social marketing practice, however in recent years there is a turn from traditional downstream and micro-marketing approaches toward ecological perspectives, that concentrate efforts in upstream audiences (Cherrier & Gurrieri, 2014; David & Rundle-Thiele, 2018). Contrary to alternative approaches to social and individual well-being, such as law or policy development, that use coercion or the threat of punishment to change behavior, social marketing is supposed to influence behavior by offering alternative choices that invite voluntary exchange (Grier & Bryant, 2005). The new trend toward "upstream" social marketing is focused on the social or environmental determinants of behavioral change and tries to act upon the social system within which the individual operates. In practice many social marketing interventions using upstream approaches violate the basic principle of "voluntary behavior change" in their attempts to influence regulators or legislators to improve policies or impose new laws. Critics of upstream social marketing approaches argue in favor of a return to self-regulation as opposed to outright policy interventions or bans that impinge upon consumers' freedoms and choices (Cherrier & Gurrieri, 2014) and point the fact that social marketing may have oversimplified the problem of bringing societal change by considering that upstream actors can be influenced in the same way as downstream actors (Carvalho & Mazzon, 2019). Furthermore, when discussing the need to create inclusive social change coalitions, authors such as Gurrieri et al. (2018) highlight the frequent disconnection between upstream actors and the voices of those they are meant to be representing and argue for social marketing to promote support relations between actors.

Social support can be used in social marketing as a mechanism to involve midstream and upstream audiences in voluntary behavior change efforts (Baptista et al., 2020a). This approach to social change can move social marketing toward systems thinking, and market-place solutions that focus on supportive collaboration amongst actors. Besides close ties,

social support can be provided to focal individuals by community actors and the diverse stakeholders that constitute the involving social systems without coercion and upstream actors can create the conditions that favor the development of supportive networks. As noted by [Brennan et al. \(2016, p. 6\)](#), behavior change depends ultimately on the target audience “laws can be passed, environments altered, and communication campaigns established; yet, if individuals choose *not* to act, social change will *not* happen.” Social support provision is based on voluntary acceptance. Social support is not a function that can be imposed on providers and recipients, it is an expression of mutuality and requires consent.

4.3 Long-term focus of social marketing

To solve complex social problems there is the need to involve diverse stakeholders from government, business and civil society in nonlinear, dynamic and involving solution that must be sustained over long periods ([Addy & Dubé, 2018](#)). In social marketing, a long-term focus implies that interventions are strategic and that behavior change can be sustained in the long run ([Glenane-Antoniadis et al., 2003](#)). This implies a shift in the exchange context from singular transactions to the development of long-term relationships ([Glenane-Antoniadis et al., 2003](#)). The relational regulation theory of social support (also known as the “main-effect” or “direct-effect model”) was developed based on statistical evidence that social support benefits health and longevity independently of stress ([Cohen & Wills, 1985](#); [Thoits, 1985](#); [Prociano, 1992](#); [Finch, Okun, Pool, & Ruehlman, 1999](#)). According to this theoretical view, social supportive networks can provide individuals with long-term positive emotional experiences and a set of stable and socially rewarded roles, reducing role ambiguity, leading to a sense of predictability and stability in one’s life situation and a recognition of self-worth, social integration, relational rewards or status ([Cohen & Wills, 1985](#)). For example, family living has been proved to be associated with a broad spectrum of healthy behaviors, including reduced probability of drugs use, alcohol abuse and smoking and an increased likelihood of a balanced diet and good sleep habits, while social isolation has been related with unhealthy responses to stress, including smoking and alcohol consumption ([Holahan & Moos, 1981](#); [Broadhead et al., 1983](#); [Taylor, 2011](#)).

Social marketing research has examined how individuals implement behavior change, but there has been less emphasis on how people can cope with the long-term cognitive and emotional aspects of maintaining change ([Logie-Maciver & Piacentini, 2011](#); [Baptista et al., 2020a](#)). The role of social support as a coping resource in stressful situations has long been emphasized in social support theory ([Kim, Han, & Shaw, 2010](#); [Mattson & Hall, 2011](#)). Under conditions of pressure related with behavior change, social support can potentially act as a buffer by reducing stress ([Barrera, 1986](#); [Cohen & Wills, 1985](#); [Thoits, 1986](#)).

4.4 Madres para la salud

In this section, we provide an example of a cultural sensitive, community-based, social marketing intervention that operationalized the social support concept for behavior change, named *Madres para la Salud* ([Keller et al., 2011](#); [Keller et al., 2012](#); [Keller et al., 2014](#)). The intervention in case was developed in the United States and targeted overweight postpartum Hispanic women. The behavior change goal consisted in leading the targeted individuals to increase physical activity to attain improvements in body composition, inflammatory markers and postpartum depression symptoms.

The main component of the intervention involved the promotion of social support as a resource from family, friends and intervention walking groups within local neighborhoods, led by health advisors or peer counselors (named *Promotoras*) to whom other community members could turn for care, advice, information and support. During the consumer research phase Hispanic women were invited to join the intervention team in discussing strategy development to strengthen the cultural relevance of the intervention, to report their personal experiences with physical activity, the ways in which group support could facilitate walking and share with the program developers existing networks of social support for walking, which included family, friends and neighbors, highlighting the consumer-centered perspective of this intervention.

The critical inputs of the *Madres para la Salud* included the following typologies of social support, which were offered in exchange for the adoption of walking behaviors:

- emotional support provided by the *Promotoras* to initiate and sustain walking;
- instrumental support, including a set of activities that provided tangible aid or services, such as a stroller loaner program, childcare, walking shoes and teaching partners/spouses how and why to encourage walking;
- informational support, consisting in facts and advice covering topics such as strategies for walking with family members, safe walking routes, health benefits of walking, time management strategies to create opportunities for walking; and
- appraisal support feedback consisting in self-monitoring activities, through accelerometer, pedometers, weekly diaries, *Promotora* review of physical activity and goal setting and attainment.

A total of 177 postpartum Hispanic women were recruited. Participants were randomly assigned to the intervention or attention-control group. Evaluation data was gathered at baseline, 3, 6, 9 and 12 months using questionnaires assessing the availability of social support, body scans and self-report measures of walking adherence. The results showed increases in social support for exercise following delivery of the 48-week social support intervention, positive achievements in aerobic and total steps across the 12 months of the intervention and declines in body adiposity and fat tissue inflammation. Although this intervention study presented some flaws, including the use of very high cut scores for measurement of depressive symptoms, resulting in inconclusive results in this respect, the intervention demonstrated the potential of social support to attain consistent behavior change in social marketing interventions.

5. Conclusions

In looking to the future and the continuing development of social marketing research, there is a need to further explore the utility of concepts borrowed from other disciplines, such as social support, to improve the efficacy of social marketing practice. This paper reinforces Albrecht's (1995) arguments for social support in social marketing. First, the paper highlights the principle of exchange in social marketing. Social support when involves reciprocal supportive networks where network members are engaged in direct and indirect, restrict and generalized, as well as utilitarian and symbolic exchanges at the same time, can be identified as a complex social system which has the potential to induce sustainable systemic change. A second argument is based on the consumer-centered perspective of social marketing, which implies the necessity to evaluate the networks of influence of targeted individuals. Finally, the paper emphasizes the potential of social support to induce long-term behavior change.

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